



Immunization E-Letter

January 2, 2009

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2009 Immunization Schedule Released

The 2009 Child & Adolescent Immunization Schedules can be found in the January 2, 2009 edition of the MMWR. Changes include:

- Recommendations for rotavirus vaccines include changes for the maximum age for the first dose (14 weeks 6 days) and the maximum age for any dose (15 months 0 days). The rotavirus footnote also indicates that if RV1 (Rotarix®) is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- Routine annual influenza vaccination is recommended for all children aged 6 months through 18 years. Children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous season but only received 1 dose should receive 2 doses of influenza vaccine at least 4 weeks apart. Healthy nonpregnant persons aged 2 through 49 years may receive either live attenuated influenza vaccine or inactivated influenza vaccine.
- The minimum interval between tetanus and diphtheria toxoids (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) for persons aged 10 through 18 years is addressed. An interval less than 5 years may be used if pertussis immunity is needed.
- Information about the use of *Haemophilus influenzae* type b (Hib) conjugate vaccine among persons aged 5 years and older at increased risk for invasive Hib disease has been added. Use of Hib vaccine for these persons is not contraindicated.
- Catch-up vaccination with human papillomavirus (HPV) vaccine is clarified. Routine dosing intervals should be used for series catch-up (i.e., the second and third doses should be administered 2 and 6 months after the first dose). The third dose should be given at least 24 weeks after the first dose.
- Abbreviations for rotavirus, pneumococcal polysaccharide and meningococcal polysaccharide vaccines have been changed.

To download copies of the 2009 Child & Adolescent Immunization Schedule, visit <http://cdc.gov/vaccines/recs/schedules/default.htm>. The 2009 Adult Immunization Schedule is to be published on January 9, 2009.

VFC Vaccine Availability

Beginning in January 2009, Merck expects to experience a supply interruption in the U.S. for the adult formulation of their hepatitis B vaccine, Recombivax HB®. Merck anticipates that supplies of the different doses of the adult formulation of Recombivax HB (vials and syringes) as well as the dialysis formulation will be depleted over the first quarter of 2009. At this time Merck does not anticipate the pediatric formulation will be affected, and expects it to be available in adequate supply to meet anticipated demand.

Supply of GSK's Adult hepatitis B vaccine

(Adult Engerix-B®) and Adult hepatitis A/hepatitis B combination vaccine (Twinrix®) is currently sufficient to meet demand for routine adult usage of this vaccine as well as CDC's ongoing High Risk Adult Hepatitis B Initiative. GSK is gearing up production of these vaccines, to meet ongoing demand.

As the supply of adult Hepatitis B vaccine will be sufficient to meet demand for the US market in the coming months, there is no change in the routine recommendations for the vaccination of adults with Hepatitis B vaccine.

Boostrix Licensed for Use in Adults

GlaxoSmithKline (GSK) has announced that the U.S. Food and Drug Administration (FDA) has approved BOOSTRIX® [Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine, Adsorbed (Tdap)] for use in adults 19-64 years of age. BOOSTRIX® offers protection against tetanus, diphtheria and pertussis (whooping cough) to individuals 10-64 years of age – the broadest age range for any Tdap vaccine. BOOSTRIX® was previously approved as a booster vaccine for preteens and teens.

The CDC recommends a single Tdap vaccination for adults aged 19-64 years, in place of a Td booster if the last dose of the Td vaccine was received 10 or more years prior in individuals who have not already received a Tdap vaccine. This includes healthcare personnel who have direct patient contact, as well as adults younger than 65 years of age who have or anticipate having contact with infants younger than 12 months (e.g., parents, grandparents, childcare providers).

BOOSTRIX® for adults will be available to order using 317 funds in the upcoming months. Watch the E-Letter for the availability announcement.

Revised Communicable Disease Reporting Rule

Revised Communicable Disease Reporting Rule
Effective December 12, 2008.

An E-Update containing information about the updated version is attached.

A direct link to the complete 2008 Communicable Disease Reporting Rule can be found at the Indiana State Department of Health (ISDH) web site at http://www.in.gov/isdh/files/comm_dis_rule.pdf.

Tally Sheet Fax Number

The fax number for submitting Tally Sheets is **(317) 234-3163**.

This is a specialized fax number that is able to automatically collect the data entered on the Tally Sheets.

Do not fax Tally Sheets to any other fax number.

AFIX Standard Assessment Criteria for 2009

In 2009, the standard assessment criteria will focus on **4:3:1:3:3:1** and **4:3:1:3:3:3:1:4**. Standard criteria **4:3:1:3:3** will not be assessed in 2009.

These criteria were chosen by CDC for reporting based on their common usage and their adherence to national standards.

Childhood Assessments

Series: 4DTaP, 3Polio, 1MMR, 3Hib, 3HepB, 1Var (4:3:1:3:3:1) AND 4:3:1:3:3:1:4(PCV)

Age range: 24-35 months

Adolescent Assessments

Antigens: 3 doses HepB; 2 doses MMR; 1Td/Tdap; 2 doses varicella; 1 dose MCV4; 3 doses HPV

Age range: 13-18 yrs (any range within this age-group)

Contact us at immunize@isdh.in.gov for more information on the assessment criteria.

Question of the Week

- Q. I have several middle-school students coming in for varicella vaccination. They have never had chicken pox, or some have reported having the disease as young infants. How many doses should they get?
- A. The ACIP recommends two doses of varicella vaccine for any person who has no history of varicella disease (chicken pox.) For children younger than 13 years, two doses of the vaccine should be given with the doses separated by 3 months. For persons 13 years and older, give two doses separated by 28 days.

If the individual reports a history of chicken pox, vaccination for varicella is not necessary.

Indiana school requirements at this time do list only one dose of varicella vaccine as the requirement to attend public school. However, the ACIP recommendation is two doses.

Please continue to call with your vaccine-related questions or email us at immunize@isdh.in.gov!

Vaccine Information Statements

Vaccine Information Statements (VISs) are information sheets produced by the Centers for Disease Control and Prevention (CDC) that explain to vaccine recipients, their parents, or their legal representatives both the benefits and risks of a vaccine. Below are some tips to insure you are issuing VIS correctly.

- Federal law requires that VISs be handed out **before** each vaccination is administered. This allows the patient to be fully informed of the risks and benefits before the vaccination. VISs should be issued at **every** immunization, even if they received the same VIS previously.
- Federal law requires that VISs be the most current version. When a new VIS is published, the CDC will advise if it is allowable to use the previous version until the stock is depleted. To receive email updates on VISs, visit <http://cdc.gov/vaccines/>.
- The VIS must be provided in the language that is most easily read by the patient/guardian. Multiple language versions of the VISs can be located at <http://www.immunize.org/vis/>.
- VISs statements can be ordered at no cost from ISDH (while supplies are available) or can be printed by providers. If VISs statements are not available from ISDH, providers are still required to issue the most current version. Do not print more than one month's stock of VISs statements at a time to reduce waste when new statements are issued.

For more information on VIS requirements, visit <http://cdc.gov/vaccines/pubs/vis/default.htm>.

Updated PCV7 VIS

The PCV VIS has been updated to reflect recent changes in recommendations for vaccinating children 2 through 4 years of age (12/9/08).

It is recommended that providers use the updated version immediately, but existing stock may be used temporarily. To download a copy of the updated VIS, visit <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-pcv.pdf>.

Note: The Influenza Vaccine Supply Update chart will be included in the next issue of the E-Letter.

CHIRP Tip

CHIRP access is now available to non medical professional staff at private clinics. Simply visit the CHIRP Document Center, download the "Non Medical Professional – Individual User Agreement," complete and submit to the CHIRP Helpdesk.

Please note that this document requires a notary signature. If your notary uses a raised paper stamp, please shade the stamp with a pencil so it is visible via fax. If you have any questions, please contact CHIRP at 888-227-4439.

Upcoming Events

January 30, 2009; 9:30am - 11:30am (EST)

User Group Meeting
Columbus Learning Center
4555 Central Ave, #2100
Columbus, IN 47203

January 30, 2009; 1:15pm - 3:00pm (EST)

Introduction to CHIRP Training Session
Columbus Learning Center
4555 Central Ave, #2100
Columbus, IN 47203
Registration required.
Call (888) 227-4439 to register.

January 31, 2009

Deadline for MedImmune FluMist®
Replacement Program

February 24, 2009; 8:30am - 1:00pm (EST)

Immunizations from A to Z PLUS
Grant County Complex
401 S. Adams St, Marion, IN 46953
*To register, contact Jodi Morgan
(317) 650-5051 or jmorgan@jsdh.in.gov*

